

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE



MAR - 1 2012

OB

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Strickland Tony

1. Office, Agency, or Court

Agency Name

CA State Senate

Division, Board, Department, District, if applicable

Your Position

State Senator

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2012 MAR - 1 PM 4:50

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/1/12
(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Tony Strickland

▶ 1. BUSINESS ENTITY OR TRUST

GreenWave Energy Solutions, LLC

Name

1014 S. Westlake Blvd., Westlake Village, CA 91361

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Renewable Energy

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/11
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT

☐ Sole Proprietorship ☒ Partnership ☐ Other

YOUR BUSINESS POSITION Vice President

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input checked="" type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	____/____/11
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____

Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/11
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
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Name of Business Entity, if Investment, or
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FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	____/____/11
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____

Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Tony Strickland

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Audra Strickland Consulting

ADDRESS (Business Address Acceptable)

15471 Kernvale Ave., Moorpark, CA 93021

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government Relations

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Tony Strickland

► NAME OF SOURCE

Copart

ADDRESS (Business Address Acceptable)

4665 Business Center Dr. Fairfield, CA 94534

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Resale of salvage vehicles

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 4 / 11	\$ 149.16	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CA Healthcare Institute

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 940 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare policy research

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 1 / 11	\$ 118.11	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Council for Legislative Excellance

ADDRESS (Business Address Acceptable)

2150 River Plaza Dr. , Ste. 150 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 8 / 11	\$ 75.45	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Matthew Swanson

ADDRESS (Business Address Acceptable)

PO Box 2367 Turlock, CA 95381

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 12 / 11	\$ 127.00	Nut/candy basket
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CA Hospital Association

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 800 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare policy/advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 2 / 11	\$ 27.00	Lunch
4 / 6 / 11	\$ 25.26	Breakfast
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Personal Insurance Federation of California

ADDRESS (Business Address Acceptable)

1201 K Street, Suite 1220 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance policy/advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 2 / 11	\$ 10.54	Breakfast
3 / 23 / 11	\$ 41.68	Reception
/ /	\$	
/ /	\$	

Comments:

Name

Tony Strickland

SCHEDULE D **Income – Gifts**

NAME OF SOURCE

CA New Car Dealers Association

ADDRESS (Business Address Acceptable)

1415 L Street, Suite 700 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Policy/Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 29 / 11	\$ 107.52	Dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE

CA - American College of Emergency Physicians

ADDRESS (Business Address Acceptable)

1020 11th Street, Suite 310 Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Policy/Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 7 / 11	\$ 60.82	Clock
/ /	\$	
/ /	\$	

NAME OF SOURCE

The Walt Disney Company

ADDRESS (Business Address Acceptable)

500 S. Buena Vista St. Burbank, CA 91521

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 11	\$ 320.00	Tickets
/ /	\$	
/ /	\$	

NAME OF SOURCE

Medtronic

ADDRESS (Business Address Acceptable)

710 Medtronic Parkway LS380 Minneapolis, MN

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Medical Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 13 / 11	\$ 105.25	Dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE

Amgen

ADDRESS (Business Address Acceptable)

1415 L Street, Suite 410 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Biotechnology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 21 / 11	\$ 67.45	Dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: